

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:10

**THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health & Human Services Agency

Division/Unit: Adult Mental Health - N. Central, N. Coastal & Central Clinics

2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups,

Types of work performed by GENERAL VOLUNTEERS in this category:

Volunteers are trained in the SDMap Program protocol. They facilitate the Roadmap to Recovery groups
offered to clients at the clinics. They also attend weekly Support/Supervision meetings and participate
in training new facilitators, maintaining their supplies, timesheets, etc.

b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates,

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>18</u>	<u>600</u>	<u>\$10,314</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

0410000

3. **DONATIONS TO VOLUNTEER PROGRAM:**

Please list all donations to the department's Volunteer Program including monetary donations and books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

4. **VOLUNTEER PROGRAM COSTS:**

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate)

Hours	X	Rate
-------	---	------

--	--

- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	312	X	Rate	\$10.27
-------	-----	---	------	---------

--	--

- c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____	Cost: _____
Item : _____	Cost: _____
Item : _____	Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

--	--

- d. TOTAL OF PROGRAM COST (4a+4b+4c) =

--	--

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a	Total Dollar Benefits of Volunteers, Item 2d	\$10,314.00
b.	Total of Donations to Volunteer Program, Item 3	\$0.00
c.	Subtract Total of program Costs, Item 4d	\$3,204.24

TOTAL PROGRAM BENEFIT:

\$7,109.76

0000141

6. RECRUITING:

Please describe your recruiting programs: We recruit consumers from each of the outpatient clinics, as well as from the community, i.e. Socialization Clubhouses. Initially we created a flyer which was widely distributed and interested consumers would contact us for initial screening. We recruited consumers who were currently or previously in treatment for mental health issues, understood the experience of taking medication and who were stable in their own recovery. They were then trained. Our current recruiting procedures are more informal. Interested consumers contact the Clinic Coordinator and then monitor some of the groups as part of their training.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

The North Central Clinic staff has played a central role in training other counties in California in how to do this program.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

We are working towards expanding the scope of activities done by the volunteers. We are shifting many of the tasks assigned to the staff coordinator to be done by a Lead Peer Facilitator at each clinic, with staff playing a more supportive role. We are actively working on increasing group attendance and streamlining paperwork.

9. GENERAL INFORMATION:

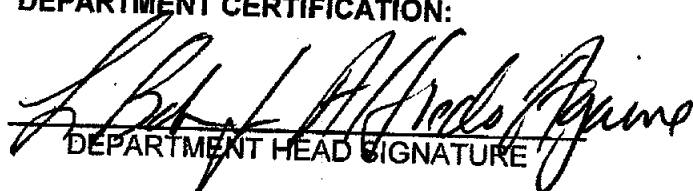
Name of person completing report: Barbara Karlin/Mental Health Specialist

Phone: 619-692-8761 Mail Stop: P542 E-Mail: Barbara.Karlin@sdcounty.ca.gov

Volunteer Coordinator: Lori Thibault

Phone: 619-563-2714 Mail Stop: P531J E-Mail: Lori.Thibault@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

7-9-04
DATE

0000142